

07-23-01

A

PATENT APPLICATION
TRANSMITTAL

Attorney Docket No.: 02154.001
 First-Named Inventor or Application Identifier RODGER BURROWS
 Title: METHODS AND APPARATUS FOR ELECTRONICALLY STORING TRAVEL AGENT COUPONS
 Express Mail Label No.: EL 450527776 US

(Only for new nonprovisional applications under 37 CFR 1.53(b))

APPLICATION ELEMENTS (see MPEP chapter 600 concerning utility patent application contents)	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, D.C. 20231
--	--

1. <input checked="" type="checkbox"/> Fee Transmittal Form <i>in duplicate</i> (e.g., PTO/SB/17)	
2. <input checked="" type="checkbox"/> Specification	Total Pages: 18
3. <input checked="" type="checkbox"/> Drawings	Total Sheets: 2
4. <input checked="" type="checkbox"/> Oath or Declaration	Total Pages: 3
a. <input checked="" type="checkbox"/> Newly Executed (original or copy) b. <input type="checkbox"/> Copy from prior application (37 CFR § 1.63(d)) (for continuation/divisional with Box 15 completed) NOTE BOX 5 BELOW i. <input type="checkbox"/> Deletion of Inventor(s): Signed statement deleting inventor(s) named in the prior application (see 37 CFR §§ 1.63(d)(2) and 1.33(b))	
5. <input type="checkbox"/> Incorporation by Reference (<i>useable if Box 4b is checked</i>) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application, and is hereby incorporated by reference therein.	

ACCOMPANYING APPLICATION PARTS

6. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
7. <input type="checkbox"/> 37 CFR § 3.73(b) Statement (<i>when there is an assignee</i>)	<input checked="" type="checkbox"/> Power of Attorney
8. <input type="checkbox"/> English Translation Document (<i>if applicable</i>)	
9. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449	<input type="checkbox"/> Copies of IDS Citations
10. <input type="checkbox"/> Preliminary Amendment	
11. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (<i>should be specially itemized</i>)	
12. <input checked="" type="checkbox"/> Small Entity Statements	
13. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)	
14. <input checked="" type="checkbox"/> Other: DECLARATION	

PATENT

FEE TRANSMITTAL

First-Named Inventor	RODGER BURROWS
Title:	METHODS AND APPARATUS FOR ELECTRONICALLY STORING TRAVEL AGENT COUPONS
Attorney Docket No.	02154.001
TOTAL AMOUNT OF PAYMENT	\$345.00

METHOD OF PAYMENT

(check one)

1. <input checked="" type="checkbox"/> Payment is enclosed				
<table border="1"> <tr> <th>Deposit Account No.</th> <th>Deposit Account Name</th> </tr> <tr> <td>19-0010</td> <td>Richard M. Saccocio</td> </tr> </table>	Deposit Account No.	Deposit Account Name	19-0010	Richard M. Saccocio
Deposit Account No.	Deposit Account Name			
19-0010	Richard M. Saccocio			
<input checked="" type="checkbox"/> Charge any additional Fee Required under 37 CFR §§ 1.16 and 1.17 <input type="checkbox"/> Charge the Issue Fee set in 37 CFR § 1.18 at the Mailing of the Notice of Allowance				

FEE CALCULATION

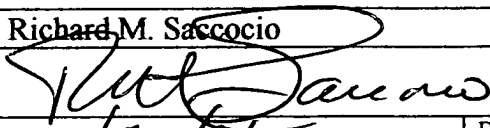
1. BASIC FILING FEE			
Small Entity			
Code	Fee (\$)	Fee Description	Fee Paid
101	345	Utility filing fee	\$345
106	155	Design filing fee	
107	240	Plant filing fee	
108	380	Reissue filing fee	
114	75	Provisional filing fee	
Subtotal (1)			\$345

FEE CALCULATION

(continued)

2. EXTRA CLAIM FEES			
Claims	Extra Claims	Fee from Below	Fee Paid
Total <input type="text"/> -20**	= <input type="text"/>	x <input type="text"/>	= <input type="text"/>
Ind. <input type="text"/> -3	= <input type="text"/>	x <input type="text"/>	= <input type="text"/>
Multiple Dependent <input type="text"/>			
**or number previously paid, if greater; For Reissues, see below			
Small Entity			
Fee Code	Fee (\$)	Fee Description	
103	9	Claims in excess of 20	
102	39	Independent claims in excess of 3	
104	130	Multiple dependent claim, if not paid	
109	39	**Reissue independent claims over original patent	
110	18	**Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)			

FEE CALCULATION

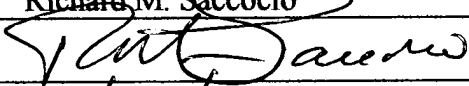
SUBMITTED BY			
NAME	Richard M. Saccocio	Reg. No.	26,800
SIGNATURE			
DATE	7/20/01	Deposit Account User ID	19-0010

ACCOMPANYING APPLICATION PARTS (continued)

15. **IF A CONTINUING APPLICATION**
check appropriate box and supply the requisite information:

☐ Continuation
 ☐ Divisional
 ☐ Continuation-in-Part
 Prior Application No. _____
 Prior Appl. Information: Examiner: Group/Art Unit:

CORRESPONDENCE ADDRESS

NAME	Richard M. Saccocio				
	Attorney for Applicant(s)				
Reg. No.	26,800				
ADDRESS	Richard M. Saccocio, P.A. 100 Southeast 12 th Street				
CITY	Ft. Lauderdale	STATE	FL	ZIP CODE	33316
COUNTRY	U.S.A.	TELEPHONE	(954) 764-8003	FAX	(954) 764-6141
SUBMITTED BY					
NAME	Richard M. Saccocio			Reg. No.	26,800
SIGNATURE					
DATE	7/20/01			Deposit Account User ID	19-0010

09:10:54.072004